

rec'd 10/28/02
CJOK ✓

48-Hour Notice

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Name BERKLEY BLANKS FOR SHERIFF						7. Date 10-28-02
2. Committee Address # 17 PICCADILLY CIRCLE						8. ID Number
3. City GREENSBORO	4. State NC	5. Zip 27410	6. Phone 336-282-3447	9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

10. Treasurer Name
CHARLES REED ULMER

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) JOE MCKINNEY 100 MEADOWBROOK TERRACE GREENSBORO, NC 27408		b. Specify Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____		c. If Not-for-Profit, list Fed ID #:	
g. Election Cycle Sum to Date \$ 2800.00		h. In-Kind <input type="checkbox"/>	i. Account Number/Code und.	j. Form of Payment CHECK	k. Date (mm/dd/yyyy) 10-28-02
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____		e. If Ind, list Job Title/Profession: INVESTOR		f. If Ind, list Employer's Name/Specific Field: SELF-EMPLOYED	
l. Amount \$ 2800.00					

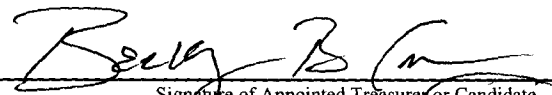
a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____		c. If Not-for-Profit, list Fed ID #:	
g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____		e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:	
l. Amount \$					

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g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____		e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:	
l. Amount \$					

12. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$	13. Total Contributions THIS Page (sum all the 111 entries on this page)	\$
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CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.


Signature of Appointed Treasurer or Candidate
(if multi-page, only sign on page 1)

10-28-02
Date

Receipts

Page 1 of 1
BLANKS2 Berkley Blanks for Sheriff

10/20/2002 - 12/31/2002

SBOE ID	Name and Mailing Address	Employer	Date	Type	Amount
	Mr Joe McKinney 100 Meadoebrook Terrace Greensboro, NC 27408	Investor Self Employed Election Sum to Date: \$2,800.00	10/22/2002	General	\$2,800.00

Total this page: \$2,800.00